

2018 Therapeutic Summer Day Camp Application

655 Spencer Avenue, Auburn, AL 36832

FOR OFFICE USE ONLY

Participant Information

Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ T-Shirt Size: **Adult S M L XL 2XL 3XL**

Please indicate which days/weeks you will attend: _____

Parent/Guardian Information

Primary Contact:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Secondary Contact:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Please list ALL people authorized to pick up your child from camp.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

2018 Application Questionnaire

What is the Camper's Medical Diagnosis? _____

Does the Camper have any attention disorders or behavior disorders? YES NO

If yes, please list: _____

What means of support prove to be beneficial? _____

Please list the Camper's Physician and Phone Number: _____

Does the Camper have Insurance? YES NO If yes, please list: _____

Is the Camper comfortable in water? YES NO Do they require a lifejacket? YES NO

Is the Camper currently employed? YES NO If yes, where? _____

What is their schedule? _____

Does the Camper have a buddy through the Best Buddies program? YES NO

If yes, please list the buddy's name: _____

Does the Camper participate in the Lee County Special Olympics? YES NO

If yes, please list which sport(s): _____

In each category, please select one of the following that applies to the Camper:

Hearing: Normal Hard of hearing Total hearing loss

Vision: Normal Partial loss Legally blind

Speech: Verbal Non-Verbal

Notes:

May we have a copy of the Camper's IEP? YES NO If yes, please attach to application.

***Please note that providing a copy of your Camper's IEP
is helpful in supporting their success but is strictly voluntary!***

2018 Application Questionnaire

What activities or sports does the Camper enjoy and/or excel in?

What situations or activities are difficult for the Camper?

What means of support prove to be beneficial?

Does the Camper have any fears such as the dark, loud music, animals, etc.? If yes, please list:

Does the Camper have any preferences or special circumstances that we should know about?

Does the Camper have any medical issues (seizures, diabetes, allergies, etc.) that we should be aware of? What steps need to be taken should a situation arise regarding the medical issue? Please use as much detail as possible.

Please list **ALL** medications the Camper is currently taking. Include dosage and time of day medication is taken:

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2018 Camper Medication Authorization Form

Please list all medications that need to be dispensed during camp hours. If no medications are to be dispensed, please write "None." **All forms must be notarized even if no medications are being dispensed.** Also please note: If your Camper has an active DNRIDM or POLST form, attachment to this application is MANDATORY.

Name of Medication	Dosage	Method	Time to be Administered during Camp

Camper's Name: _____ Date of Birth: _____ Age: _____

****All medications can only be administered with a completed authorization form with a notarized signature. ****

I hereby authorize the City of Auburn, Alabama to administer the above indicated medications prescribed by a licensed physician as specified. Also, I will immediately notify the City of Auburn, Alabama of any changes in medication/dosage.

Parent/Guardian Signature: _____ Date: _____

Notary Information:

STATE OF _____

COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said State at Large, hereby certify that _____, whose name is signed to the conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of this conveyance, he/she/they executed the same voluntarily.

Given under my hand and the seal of office this the _____ day of _____, _____.

 Notary Public
 My Commission Expires: _____

Medical Treatment/Transportation Authorization

As the legal guardian, I give permission for the City of Auburn to treat my child in the event of a medical emergency, should they need medical treatment. I give permission for my child to be transported by emergency personnel, should they need medical treatment.

I (Print Name) _____ have reviewed and accept the above listed terms and conditions.

Signature: _____ Date: _____

Media Release Authorization

I give permission to the City of Auburn to photograph my child during camp operations. I understand that the City of Auburn retains the right to use the photo(s) in different media forms, including but not limited to print, audio, and visual. The photo(s) may be used in website, social media, brochure, and other advertisements.

I (Print Name) _____ have reviewed and accept the above listed terms and conditions.

Signature: _____ Date: _____

Over the Counter Medication Authorization

In regard to the administration of over-the-counter medications such as Ibuprofen, I hereby agree to the following (please select):

_____ The City of Auburn is authorized to administer a standard dosage of Ibuprofen (unless specified here: _____/mg) to my child as requested by the child or otherwise on an as-needed basis.

_____ My child cannot receive Ibuprofen at any time.

_____ The City of Auburn is authorized to administer to my child any of the following additional over-the-counter medications if maintained by the department:

I (Print Name) _____ have reviewed and accept the above listed terms and conditions.

Signature: _____ Date: _____

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IMPORTANT INFORMATION

The City of Auburn strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and parents registering their child in recreation programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities. The City of Auburn continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the City of Auburn does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member/ward for a recreation program/activity should review their own insurance policy for coverage.

Due to the difficulty and high cost of obtaining liability insurance, the City of Auburn requires the execution of the following liability Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and your ward for participation in this/these program(s) you will be waiving and releasing all claims for injuries, damages, or loss you or your ward might sustain through participation in this/these program(s) listed below.

(PLEASE LIST PROGRAMS PARTICIPATING IN)

2018 Summer Therapeutic Day Camp

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program. I further understand and acknowledge that the City does not have licensed physicians or nurses on staff.

I do hereby fully waive, release and discharge the City of Auburn, it's officers, agents, servants, representatives, employees and program board members from any and all claims for injuries, damages or loss which I or my ward may sustain or which may accrue to me or my ward arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the City of Auburn, its officials, agents, servants, representative, employees and program board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to administer medication prescribed by a licensed physician if so directed by me, secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.

Participants Full Name: (PRINT) _____

Signature of Participant, Parent or Legal Guardian

Date

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER 19 YEARS OF AGE.

Policies for Participation

As Legal Guardian, I have reviewed this application in its entirety and confirm the information is current and correct to the best of my knowledge. I hereby allow my child permission to participate in the activities sponsored by Auburn Parks and Recreation and I release the City of Auburn of any liabilities.

I (Print Name) _____ have reviewed and accept the above listed terms and conditions.

Signature: _____ Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!